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Docket No. 44657-AAA-PCT-US/JPW/GJG/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Joseph R. Berger

Serial No. : 10/052,961 Examiner: S. Wang

Filed : January 18, 2002 Group Art Unit: 1617

For : A METHOD FOR AMELIORATING MUSCLE WEAKNESS/WASTING IN A
PATIENT INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS-TYPE 1

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: December 22, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

- x Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	14 -	* 20 =	*** 0 X	\$25	\$50	=	0	
Indepen- dent Claims	3 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u> x </u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0 TRADEMARK	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
 * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

X One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

x An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes x No _____
and a fee of \$ 180.00 included)

x A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 240.00.

x A check in the amount of \$ 240.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

X Fees under 37 C.F.R. §1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
Gary J. Gershik 12/22/06
Date
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